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OIL CONSERVATION DIVISION  
 RECEIVED BY P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501  
 OCT 30 1984  
 O. C. D. ARTESIA OFFICE

5a. Indicate Type of Lease  
 State  Fee   
 5. State Oil & Gas Lease No.  
 LH 1525

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____	7. Unit Agreement Name
2. Name of Operator HNG OIL COMPANY ✓	8. Farm or Lease Name Lookout Crossing 36
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Well No. 1 State
4. Location of Well UNIT LETTER C 660 FEET FROM THE north LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 23S RANGE 27E NMPM.	10. Field and Pool, or Wildcat Wildcat /Morrow/
15. Elevation (Show whether DF, RT, GR, etc.) 3123' GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
 NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF: 10/4/84

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

10-20-84 - Set 10,450 feet of 7" casing. Cemented with 850 sacks Howco Lite and 525 sacks Class H cement. 1/2 hour pressure tested to 1000 psi. WOC- 20-3/4 hours.  
 7". 26# SS95 LT&C & 26# L-80 Buttress & 26# L-80 LT&C + 23# L-80 Butt

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Betty Gildon Betty Gildon TITLE Regulatory Analyst DATE 10/23/84

APPROVED BY Leslie A. Clements Original Signed By Leslie A. Clements TITLE Supervisor District II DATE OCT 31 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 24 1984

G.C.P.

HOME OFFICE